DOCUMENT RESUME

ED 352 593 CG 024 698

AUTHOR	James, William H.
TITLE	A Report on Restructuring Schools: Reducing Alcohol and Other Drug Abuse among Adolescents through a School-Community-University Partnership Program in the Federal Way School District.
INSTITUTION	Washington Univ., Seattle. Center for the Study and Teaching of At-Risk Students.
SPONS AGENCY	Department of Education, Washington, DC.
PUB DATE	Oct 92
NOTE	59p.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	Adolescents; Alcohol Abuse; *College School Cooperation; Drug Abuse; Higher Education; *High Risk Students; High Schools; *High School Students; Prevention; Program Effectiveness; *School Community Relationship; *Substance Abuse
IDENTIFIERS	Case Management; Federal Way School District WA; Partnerships in Education

ABSTRACT

This is a descriptive report on the level of substance use by at-risk students attending Continuation/Contract-Based Education (CBE) High School in the Federal Way School District in the state of Washington. These students participate in a school-community partnership program which utilizes a student assistance program/case management model to reduce substance use among at-risk students. Information in this report provides nine months of baseline data on students at Continuation/CBE High School. This report also provides a preliminary evaluation of student assistance programming; a follow-up report in August 1993 will include the results yielded from tracking students required to complete education classes, intensive outpatient programs, residential programs, and aftercare programs. It is noted that six sources of data were employed in this study: student records; diagnostic assessment data; student demographic data; on-site visits and discussions with representatives of the student assistance team; the 10-Minute Wonder, a checklist to assist teachers in identifying at-risk students; and the Stress Response Scale, a measure of emotional state. It is claimed evaluation results so far are promising, showing lower overall combined diagnosed rates for substance abuse and chemical dependency, with a rate of substance abuse or chemical dependency almost 30% lower than in the previous year. (ABL)

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A REPORT ON RESTRUCTURING SCHOOLS: REDUCING ALCOHOL AND OTHER DRUG ABUSE AMONG ADOLESCENTS THROUGH A SCHOOL-COMMUNITY-UNIVERSITY PARTNERSHIP PROGRAM IN THE FEDERAL WAY SCHOOL DISTRICT

Continuation High School and
Contract-Based Education High School
Pam Morris-Stendal, Principal

Prepared by the
Center for the Study and Teaching of At-Risk Students
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October 1992

CG024698

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A School-Community-University Partnership Program

DISTRICT:
Federal Way School District No. 210
31405 - 18th Avenue South
Federal Way, WA 98003
206/941-0100
Dr. G. Richard Harris, Superintendent

SCHOOLS:
Continuation High School
Contract-Based Education High School
31455 - 28th Avenue South
Federal Way, WA 98003
206/927-4477 or 206/838-1004
Pam Morris-Stendal, Principal

SUMMARY: Federal Way School District No. 210 has received state and federal national awards for its efforts under the guidelines adopted through the Drug-Free Schools and Communities Act. The district is a rapidly growing urban district of 18,777 students and families located between Seattle and Tacoma.

COMMUNITY AGENCY:
Olympic Counseling Services
1215 Regents Blvd, Suite A-B
Tacoma, WA 98466
206/564-0220
Dr. David D. Moore, Executive Director

SUMMARY: Olympic Counseling provides student assistance program services to twelve districts in Washington State. A developer of three U.S. Department of Education grant projects funded under the Drug-Free Schools and Communities Act, Olympic designs components of student assistance programs nationwide.

RESEARCH UNIVERSITY:
University of Washington
College of Education
Center for the Study and Teaching of At-Risk Students (C-STARS)
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Seattle, WA 98105
Dr. William H. James, Research Assistant Professor

SUMMARY: The University of Washington Center for the Study and Teaching of At-Risk Students (C-STARS) provides research and evaluation activities and technical assistance and training in school district-communities across Washington state. C-STARS is funded by grants/contracts from the U.S. Department of Education and other sources.

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Acknowledgements

This research was funded by a grant from the U.S. Department of Education Drug-Free Schools and Communities Program, 84.184B Federal Activities Grant Program.

Preparation of the report was facilitated by staff at the Federal Way School District, Continuation High School, Contract-Based Education High School, and Olympic Counseling Services.

The author gives special thanks to Diane Simmons and Schloe Rogovan for assistance in collecting of data, to Julia Hastings for data compilation, and to Dr. Beth Hutchison for editorial feedback.

Abstract

Despite some increased societal understanding of the hazards of using alcohol and other drugs, the incidence of substance use among adolescents remains unacceptably high. Of particular concern is the use of alcohol and other drugs among youth at risk of dropping out of school or experiencing school failure as a result of such factors as poverty, lack of motivation, teenage pregnancy, or gang involvement. Involvement with illicit drugs and/or alcohol further decreases students' willingness and/or ability to successfully remain in school. Research with these hard-to-reach populations (Kandel, 1975) has suggested that drug use among at-risk youth appears to evolve in stages consistent with the "gateway" concept (beginning with cigarettes, alcohol, or marijuana, and progressing to other drugs).

Alternative high school programs have high levels of students within these at-risk populations. In the context of a community's entire adolescent population and teenage peer influence among all of a district's secondary schools, a realistic approach to high-risk adolescents is to target the alternative high school youth for substance use intervention strategies.

Recent studies have provided information on student drug use; for example, 76 percent of tenth-grade students have used drugs (Northwest Regional Educational Laboratory, 1991). A study for the Washington State Office of the Superintendent of Public Instruction validated the student assistance model for reducing substance use problems among high school students (Herberg, Hughes & Bond, 1990). Subsequently, the 1989 Washington State Legislature allocated $5.4 million annually to infuse student assistance programming throughout the state's school districts. However, less is known about the effectiveness of a student assistance case management approach which uses diagnostic evaluations to place students in program tracks including education classes, an intensive outpatient program, residential referrals, and aftercare programs.

Over the past three years (1989-1992), the Federal Way School District has developed and field tested a school-community partnership program focusing on substance use intervention and prevention at Continuation and Contract-Based Education (CBE) High Schools. The pilot year program targeted Continuation/CBE High School students to receive coordinated interagency substance use, health, social, and education services through a school-based student assistance case management program.

This is a descriptive report on the level of substance use by at-risk students attending Continuation/CBE High School in the Federal Way School District. These students participate in a school-community partnership program which utilizes a student assistance program/case management model to reduce substance use among at-risk students. Information in this report provides nine months of baseline data on students at Continuation/CBE High School.

This report also provides a preliminary evaluation of student assistance programming; a follow-up report in August 1993 will include the results yielded from tracking students required to complete education classes, intensive outpatient programs, residential programs, and aftercare programs. The follow-up report will focus on the elements listed in the Recommendations, Program Adjustments, and Ongoing Program Evaluation sections of this report.

Six sources of data were employed in this study: (1) student records made available by the District; (2) diagnostic assessment data compiled by Olympic Counseling Services; (3) student demographic data compiled and maintained by the student assistance case managers; (4) on-site visits and discussions with representatives of the student assistance team (e.g., principal, teachers, teacher's aides, counselor, case managers) who had a special involvement in the project; (5) the 10-Minute Wonder (a quick checklist to assist teachers in identifying at-risk students); and (6) the Stress Response Scale (a measure of emotional state).

The six data sets provided three alternative methodologies for the study of the at-risk students of Continuation/CBE High School, thus allowing multi-trait, multi-method validation of the findings of the study. The analysis of archived data provided longitudinal data which could be summarized into a brief, discrete set of descriptive information regarding substance abuse and chemical dependency. The student demographic data provided anonymous information on student characteristics, and the diagnostic assessment data provided anonymous information on the substance users. The 10-Minute Wonder provided important additional information related to classroom risk factors related to student behavior, while the Stress Response Scale provided limited information for a pretest/posttest assessment of emotional state. Lastly, the on-site visits and discussions provided valuable qualitative information about the determinants of drug use and about the plausibility and practicality of program tracks directed at target populations. This information was particularly useful in developing the recommendations section of this report.

Evaluation results so far are promising, showing lower overall combined diagnosed rates for substance abuse and chemical dependency. In the pilot year (1989-1990), 83 percent of Continuation High School Students were diagnosed for substance abuse and chemical dependency. The current project year (1991-1992) shows a rate of 54.5 percent for Continuation High School students--almost 30 percent lower.

While the percentage of Continuation High School students involved in substance abuse and chemical dependency has decreased, an increasing number of students, particularly African American students, were evaluated as exhibiting levels of defensiveness which preclude a diagnostic assessment of substance use. The rate of defensiveness (a diagnostic evaluation where defenses do not allow a diagnosis) in the pilot year (1989-1990) was 15 percent for students at Continuation High School, while

the defensiveness rate for the current project year (1991-1992) increased to 39 percent for Continuation High School students. It appears that the level of substance abuse problem denial has become more ingrained and sophisticated within the adolescent population, leading to higher levels of defensiveness. Staff of Continuation/CBE High School and Olympic Counseling are presently researching additional evaluation tools and techniques with the possibility of introducing them into the evaluation process in an attempt to reduce diagnoses of defensiveness.

A major expansion is needed to infuse a component into the model that includes more treatment tracks focusing on student and family denial for defensive students. Other needed enhancements include a computer-based tracking system to monitor multiple service delivery techniques and outcomes, modules promoting sensitivity to multicultural factors and the cultural empathy needs of ethnic populations, a multiple-baseline follow-up study of students referred to program tracks in 1991-1992, and adaptations of the model to dropout retrieval efforts while continuing the present emphasis on substance use prevention.

During the next four years, four King and Pierce County school districts (Federal Way, Franklin-Pierce, Peninsula, and Tacoma), in collaboration with Olympic Counseling Services and the University of Washington's Center for the Study and Teaching of At-Risk Students (C-STARS), will continue with other school-community programs and agencies in a partnership to collaboratively expand and enhance the student assistance case management model for the prevention of substance use. Site-specific variations of this model will be tested and evaluated in four elementary schools, four middle schools, and four high schools of these districts.

In addition to expanding and field testing the student assistance case management model, annual dissemination and replication activities will continue to be provided through the University's Mastery Educator Institute for School District Alcohol and Other Drug Prevention Programs (MEI). The MEI provides replication and start-up assistance to approximately 150 educators and public service providers from eight states on an annual basis. The *Mastery Educator Institute Programming Manual* (Moore, 1992) is provided to all institute participants, is available to school districts, and will contain a summary of these research findings.

The evaluation design for this project was developed referencing general standards addressing design, results, and replication as specified by the U.S. Department of Education's Program Effectiveness Panel. At the conclusion of the project, C-STARS intends to request formal approval and support from the Panel to disseminate this substance use prevention program through the National Diffusion Network.

Project Overview

Federal Way School District, an urban district of 18,777 students and their families, is located between Seattle and Tacoma. Like many districts across the nation, Federal Way School District has an alternative high school education system to address the needs of at-risk students in 9th through 12th grade.

Continuation High School and Contract-Based Education (CBE) High School are alternative high school programs that began in 1970. These schools are designed for students who have difficulty with, or find themselves outside of, the regular school program for a variety of reasons. Approximately 325 students between the ages of 14 and 20 are served by Continuation/CBE High School.

Continuation High School is a classroom-based supplemental program. Students are encouraged to return to the regular school program if they so desire, or remain and receive a Continuation High School diploma. Contract-Based Education is a supplemental program based on contracted learning, tutorials, and individual meetings with teachers rather than larger classes.

Some students at Continuation/CBE fall into the following categories: (1) having had serious attendance, behavior, or academic problems in the past; (2) attending school part-time because of employment or unusual personal responsibilities or circumstances; (3) pregnant or teen parent; (4) needing individualized instruction, smaller classes, and personal guidance.

Many at-risk student populations experiencing high rates of school failure at the traditional school system have concurrent high levels of substance abuse (Werner, 1987). During the 1989-1990 school year, a community agency specializing in the research and development of alcohol and other drug assessment procedures for adolescents was retained to provide diagnostic evaluations of substance use by students entering Continuation/CBE High School. The community agency, Olympic Counseling Services, administered assessment protocols that are scheduled for national dissemination by the American Association for Counseling and Development (Moore and Forster, in press).

Over 250 individual assessments, school-family outcome conferences, and referrals were conducted by Olympic's chemical dependency counselors in 1989-1990. The composite results of these assessments were added to descriptive data on the school's ethnic and special education student populations in order to assess substance abuse recovery needs of Continuation High School students. These data are presented below:

TABLE 1: 1989-1990 DEMOGRAPHIC DATA ON ETHNIC AND SPECIAL EDUCATION POPULATIONS AT CONTINUATION HIGH SCHOOL

Total Annual Enrollment:	325 students	
Minority Enrollment:	38 students	(12%)
African American	16 students	(5%)
Asian Americans	5 students	(1.5%)
Hispanic American	13 students	(4%)
Native American	4 students	(1.5%)
Special Education Enrollment	29 students	(9%)

TABLE 2: 1989-1990 DIAGNOSTIC EVALUATIONS OF 253 STUDENTS AT CONTINUATION HIGH SCHOOL[a]

Diagnostic Category[c]	Substance Used and Percent of Diagnostic Category[b]							
	A	M	C	AM	H	B	O	GI
No Significant Problem (N=20)	-	-	-	-	-	-	-	-
Misuse (N=24)	100	8.3	4.1	-	12.5	-	-	-
Abuse (N=44)	100	79.5	15.9	15.9	18.1	4.5	4.5	2.2
Chemical (N=165) Dependency	46.6	41.2	22.4	19.3	21.8	3.0	3.0	3.0

TOTAL: 253

a. Substance abuse and chemical dependency diagnoses are based on criteria in the Diagnostic and Statistical Manual, Third Edition-Revised (DSM-III-R) published by the American Psychiatric Association, 1987. Two psychometric instruments are used as part of the diagnostic evaluation to evaluate defensiveness. Students diagnosed as "Too Defensive to Diagnose" are not included in the above totals. These students are placed in an ongoing abstinence monitoring, counseling, and reassessment program.

b. Substance Codes: A = Alcohol; M = Marijuana; C = Cocaine; AM = Amphetamines; H = Hallucinogens; B = Barbiturates; O = Opiates; GI = Glue/Inhalants.

c. No Significant Problem: A diagnostic evaluation where there are no signs and symptoms of alcohol or other drug use. Experimentation with alcohol and other drugs may be a part of this category.
Misuse: A diagnostic evaluation where intoxication and impairment occurs because of the use of alcohol or other drugs.
Abuse: A diagnostic evaluation where use of alcohol and other drugs may be continuous, episodic/binges, or disease in remission.
Chemical Dependency: A diagnostic evaluation where dependency on alcohol or other drugs is continuous, episodic/binges, or disease in remission.

In the Autumn of 1990, a survey of alcohol and other drug use was conducted to determine the extent and nature of substance use among public school students in Washington State (Northwest Regional Educational Laboratory, 1991). The sample included more than 18,000 sixth, eighth, tenth, and twelfth grade students in 176 schools.

Highlights of this survey for tenth and twelfth graders include the following:

- Some form of alcohol has been tried by 60 percent of eighth graders, 76 percent of tenth graders, and 83 percent of the twelfth graders.

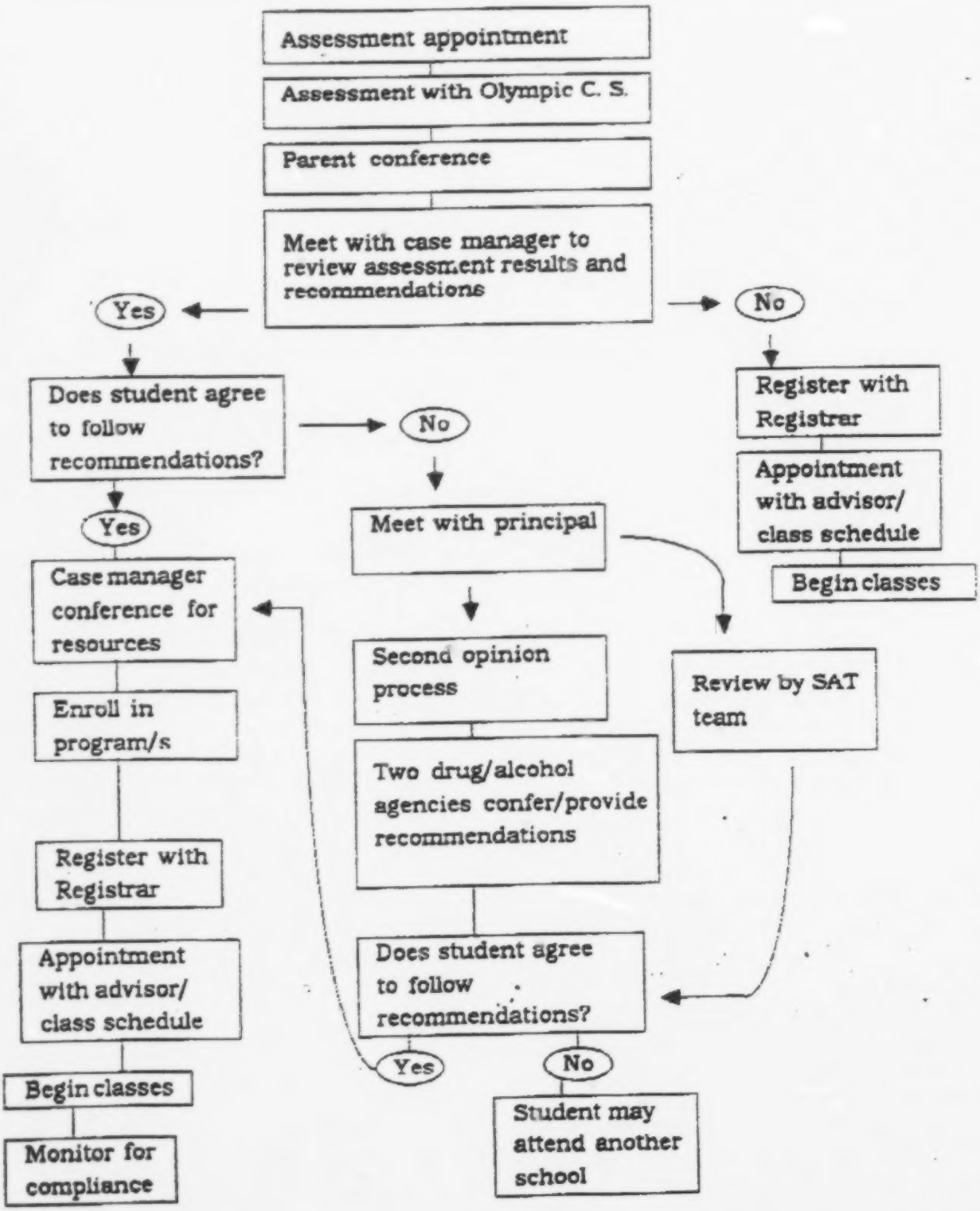
- 24 percent of eighth graders, 34 percent of tenth graders, and 41 percent of twelfth graders reported having tried one or more illicit drugs at least once.

- Nearly 7 percent of eighth graders reported high use of alcohol and nearly 24 percent of twelfth graders reported high use of alcohol.

Based on the above local and state-wide data, a District Drug/Alcohol Task Force recommended that all students entering the alternative education programs receive a diagnostic evaluation for substance use and be required to follow the evaluation's recommendations as a condition of enrollment. This was adopted as school policy based on the opinion that alternative education was not an entitlement program and that school districts could therefore impose additional requirements for enrollment in alternative education programs (Bethel School District v. Fraser, 106 S. Ct. 3159, 1986).

Simply put, any student unwilling to follow these alternative high school enrollment requirements could attend a traditional high school. Students with learning or behavioral problems could apply for special education services in the traditional schools. However, if students wished to enroll in Continuation/CBE High's alternative programming, they would need to participate in an abstinence-based school-community program designed to address any diagnosed substance use problems. The following diagram (Figure 1) outlines the assessment process for students desiring to attend Continuation/CBE High School.

FIGURE 1: ASSESSMENT PROCESS FOR CONTINUATION/CBE HIGH SCHOOLS



Although assessment and referral are common elements of student assistance programs (see Appendix A), many such programs lack a standardized assessment and referral process (Anderson 1988). The benefits of standardization are twofold:

1. All students entering the involuntary process would have uniform expectations. Individual manipulation of the process was made difficult, as was any perception of unequal status.

2. With a standard set of referral expectations, the district could work with community agencies to allocate resources based on needs (e.g., projected number of substance abuse education classes, types of group therapy components, etc.)

The standardized diagnostic assessment process adopted is a national model developed by Olympic Counseling Services (Benishek, 1989) and currently being disseminated by University of Washington C-STARS. This process includes the Adolescent Substance Battery (Moore, 1990), which in turn includes the Client Substance Index (Benishek, 1989) to provide a differential diagnosis of substance abuse level. In addition, the battery includes the Psychological Screening Inventory (Lanyon, 1978), which yields prediction scores on such critical adolescent psychosocial areas as thought disorder, authority conflict, treatment motivation, introversion-extroversion, impulse control, and problem denial.

Parents or guardians of some students evaluated were involved in the assessment process. (Note: Students aged 14 years or older have the legal right to confidentiality of intake and assessment information. Parents of students exercising this right may not legally be informed of their student's participation or assessment status.) Post-assessment planning conferences frequently included the family or guardian and the student's designated school counselor. In cases involving disciplinary referrals, a school administrator also attended the planning conference. An individualized student program combining prevention or recovery therapy was designed by the chemical dependency counselor and the representative of the school and family. The school assigned a case manager to coordinate and assist with the program's implementation.

A standardized referral process was adopted from therapeutic guidelines based on diagnostic categories used by the Washington State Department of Licensing. These guidelines were developed for the licensing of motor vehicle operators with a past history of substance use. The referral program included categories for substance misuse, substance abuse, and chemical dependency. In cases where students were assessed as too defensive to be accurately evaluated, they were referred to an ongoing assessment process (Anderson, 1988). In these cases, a final determination of appropriate intervention was made at the end of eight weeks of an extended education and group process.

A review of the 1989-1990 data indicated that families experienced difficulties accessing community services for a number of reasons, including resistance to counseling, lack of familiarity with services, ongoing misperceptions about school entry requirements, and lack of family efficacy skills. During a planning process with Olympic Counseling Services and the University of Washington's Center for the Study and Teaching of At-Risk Students (C-STARS), Continuation High School decided to infuse their student assistance program with a case management structure (Smith & Stowitschek, 1989) as outlined below.

TABLE 3: STUDENT ASSISTANCE PROGRAM CASE MANAGEMENT

Assessment: The student assistance counselor identifies the causes of the student's difficulties, both those within the student and those that are aspects of their family or environment.

Development of a Substance Abuse Prevention/Early Intervention Plan: The student assistance counselor develops a mix of services, short-term and long-range, in-school and community-based. The plan targets risk factors and initial use as well as the enhancement of resilience factors (Werner, 1987).

Brokering: The School case manager links the student and family to needed services that cannot be provided by the school. This includes pre-referral counseling of parents who may lack a willingness to access substance-use related services or local cohesion and efficacy necessary for community service usage (Jessor and Jessor, 1977; Simcah-Fagan and Gersten, 1986).

Implementation and Coordination: This component serves as a communication system between providers, within the school and community, and creating linkages between providers for holistic treatment. The case manager oversees implementation of this system.

Advocacy: The case manager helps the student and family negotiate in society, particularly in utilizing and communicating with service systems. Issues of maximizing financial resources and diffusing miscommunication problems are paramount in this area. The school student assistance team acts as system-to-system planner and advocate.

Monitoring and Evaluation: The case manager tracks and records student/family progress with special attention to confidentiality provisions of Federal Law 42CFR(2). This includes file management, obtaining ongoing service provider reports, and creating changes to the overall prevention/intervention plan.

Mentoring: The case manager and student assistance team continue contact with the student and family, exhibiting the characteristics of a primary caregiver in providing a supportive, ongoing, adult relationship to the student.

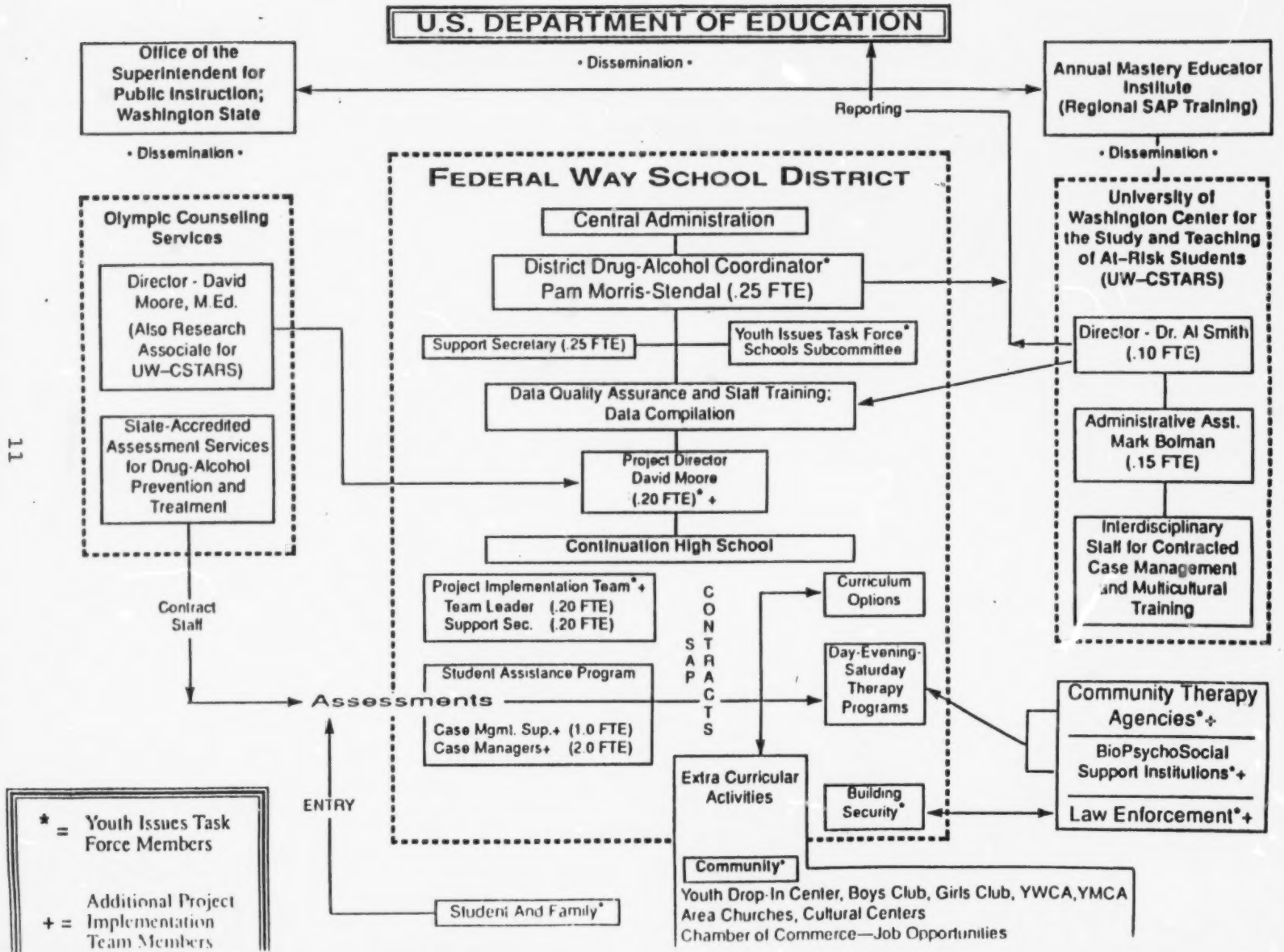
NOTES:

1. The student assistance counselor is a community agency counselor accredited to evaluate substance use problems.
2. The student assistance team is a group of school personnel who oversee the entire program.
3. The case manager provides family assistance services on behalf of the student assistance team.

The program structure outlined on the following page (Figure 2) is based on two program goals derived from the needs assessment:

Goal One: Conduct standardized substance use assessments and provide a student-community recovery/prevention student assistance program for all Continuation/CBE High School students.

Goal Two: Provide post-assessment case management to all students entering Continuation/CBE High School.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FEDERAL WAY SCHOOL DISTRICT
Central Administration
District Drug-Alcohol Coordinator* Pam Morris-Stendal (.25 FTE)
Support Secretary (.25 FTE)
Youth Issues Task Force* Schools Subcommittee
Data Quality Assurance and Staff Training; Data Compilation
Project Director David Moore (.20 FTE)* +
Continuation High School
Project Implementation Team*+
Team Leader (.20 FTE)
Support Sec. (.20 FTE)
Student Assistance Program
Case Mgmt. Sup.+ (1.0 FTE)
Case Managers+ (2.0 FTE)
SAP CONTRACTS
Curriculum Options
Day-Evening-Saturday Therapy Programs
Extra Curricular Activities
Building Security*
Community*
Youth Drop-In Center, Boys Club, Girls Club, YWCA,YMCA
Area Churches, Cultural Centers
Chamber of Commerce—Job Opportunities
Olympic Counseling Services
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(Also Research Associate for UW–CSTARS)
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Contract Staff
Assessments
ENTRY
Student And Family*
University of Washington Center for the Study and Teaching of At-Risk Students (UW–CSTARS)
Director - Dr. Al Smith (.10 FTE)
Administrative Asst. Mark Bolman (.15 FTE)
Interdisciplinary Staff for Contracted Case Management and Multicultural Training
Community Therapy Agencies*+
BioPsychoSocial Support Institutions*+
Law Enforcement*+
* = Youth Issues Task Force Members
+ = Additional Project Implementation Team Members

FIGURE 2: PROGRAM STRUCTURE

The Federal Way School District has adopted the U.S. Department of Education's strong anti-drug policies in accordance with Schools Without Drugs (Bennett, 1987; see Appendix B). A top priority at Continuation/CBE High School is that each student maintain a drug-free and healthy life style. The district expects each student attending Continuation/CBE High School to participate in the student assistance program to the degree that is indicated by a professional drug/alcohol assessment. Before enrolling in Continuation/CBE High School, students sign a statement of compliance with program requirements (Appendix C).

The Federal Way School District implemented the School-Community-University Partnership Program to Reduce Substance Abuse in Adolescents in 1991-92 at Continuation High School and Contract-Based Education (CBE) High School. The School-Community-University Partnership Initiative was designed to reduce substance abuse among adolescents by providing individualized program service tracks for students based on substance use assessments. The partnership includes the Federal Way School District, Olympic Counseling Services, and the University of Washington's Center for the Study and Teaching of At-Risk Students (C-STARS), and is funded by a grant from the Drug-Free Schools and Communities Program of the United States Department of Education.

Summary of Findings

CONTINUATION HIGH SCHOOL

Demographic Data

Based on available data, the average monthly enrollment at Continuation High School was 187 students. The students ranged in age from 14 to 21 with the average age at 16 years, 9 months. The student population included 172 females and 150 males. 42 percent of the students were seniors. 30 percent lived with both parents, and 27 percent lived with mother only. 80 percent of the students were European Americans. African Americans comprised the largest ethnic population at 10 percent.

Diagnostic Evaluations

A total of 322 diagnostic evaluations were conducted during the 1991-1992 school year at Continuation High School. 31.3 percent of these students were diagnosed as chemically dependent, 11.4 percent as misusers, 8.1 percent as abusers, and 9.3 percent were diagnosed with no significant problem. The remainder were in categories ranging from 11.4 percent defensive-misuse, to 15.1 percent defensive-abuse, to 12.7 percent defensive-unable to determine.

Diagnostic Evaluations and Ethnicity

34 percent of the European American students and 14 percent of the African American students were diagnosed as chemically dependent. 47 percent of African American students were diagnosed defensive as compared to 35 percent of European American students.

Program Tracks

155 students were required to attend education classes on alcohol and other drugs. 101 students were required to attend the Intensive Outpatient Program (IOP).

36 students were placed in an extended evaluation group and received their requirements at the end of this process. Of those 36 students, 14 were required to attend Alcoholic Anonymous meetings, 13 were placed in aftercare, 4 were required to receive individual psychotherapy, 3 were required to submit to urinalysis, and 2 students were required to follow ongoing requirements from the student assistance program such as family counseling or group therapy. The ongoing requirements evolve from a weekly student assistance program meeting at which staff review concerns about individual students. The team makes a decision as to appropriate recommendations, as behavioral checklists are circulated to teachers and staff to monitor and identify areas of concern.

Requirements Begun
72 percent (240 students) began their requirements as specified by the student assistance program.

Credits Earned (first semester only)
A sample of students was taken from the first semester of the 1991-92 school year to assess credits earned. 243 students were in school long enough during the first semester to earn credits for coursework. The average number of credits earned was 1.3. Credits earned ranged from zero to maximum of 6.6 credits. 8 percent, or 28 students, did not earn any credits while in school during the first semester.

(Note: A student must earn a total of 22.5 semester credits in grades 9-12 in order to graduate from high school; an average credit load per semester would be 3.)

Withdrawn Students
32 percent, or 106 students, were withdrawn for non-compliance with the requirements of the student assistance program.

CONTRACT-BASED EDUCATION HIGH SCHOOL

A minimal amount of data was provided to the researcher regarding students at CBE High School; that data is summarized below.

Demographic Data
Based on available data, the average monthly enrollment at Contract-Based Education High School was about 100 students. The students ranged in age from 14 to 21 years old. 42 percent of the students were seniors and 29 percent juniors. 53 percent of the students were female, and 47 percent male. 5 percent indicated that they were students with children. No data on ethnicity was provided.

Diagnostic Evaluations
A total of 133 diagnostic evaluations were conducted during the 1991-92 school year at Contract-Based Education High School. 21 percent of these students were diagnosed as chemically dependent, 9 percent as misusers, 12 percent as abusers, and 8.3 percent were diagnosed with no significant problem. The remainder were in categories ranging from 2.3 percent defensive-misuse, to 5.3 percent defensive-abuse, to 27.1 percent defensive-unable to determine.

No diagnosis was available for 14.3 percent of the students at Contract-Based Education High School, as these students left school before the diagnostic process was completed.

Requirements Begun

64 percent (85 students) began their requirements as specified by the student assistance program.

Findings

CONTINUATION HIGH SCHOOL

TABLE 4: AGES OF STUDENTS AT CONTINUATION HIGH SCHOOL

AGE	NUMBER	PERCENT
14	8	2%
15	59	18%
16	60	18%
17	57	18%
18	56	16%
19	22	7%
20	6	2%
21	4	1%
No Data	60	18%
TOTAL	322	100%

The average age at Continuation High School was 16 years and 9 months.

TABLE 5: ETHNICITY OF STUDENTS AT CONTINUATION HIGH SCHOOL

ETHNICITY	NUMBER	PERCENT
African American	36	10%
Asian American	11	3%
European American	261	80%
Hispanic/Latino	8	2%
Native American	3	1%
Other/Mixed	13	4%
TOTAL	322	100%

TABLE 6: STUDENTS LIVING WITH AT HOME

LIVING WITH	NUMBER	PERCENT
Both Parents	98	30%
Mother	90	27%
Father	19	6%
Other (Spouse, Friend, Relative)	38	11%
Guardian	11	3%
Self	4	1%
No Data	72	22%
TOTAL	322	100%

Of the 322 students attending Continuation High School, 16 indicated that they had children of their own. The actual number of Continuation students who are parents may be higher, as a number of students did not answer this question on the student profile form.

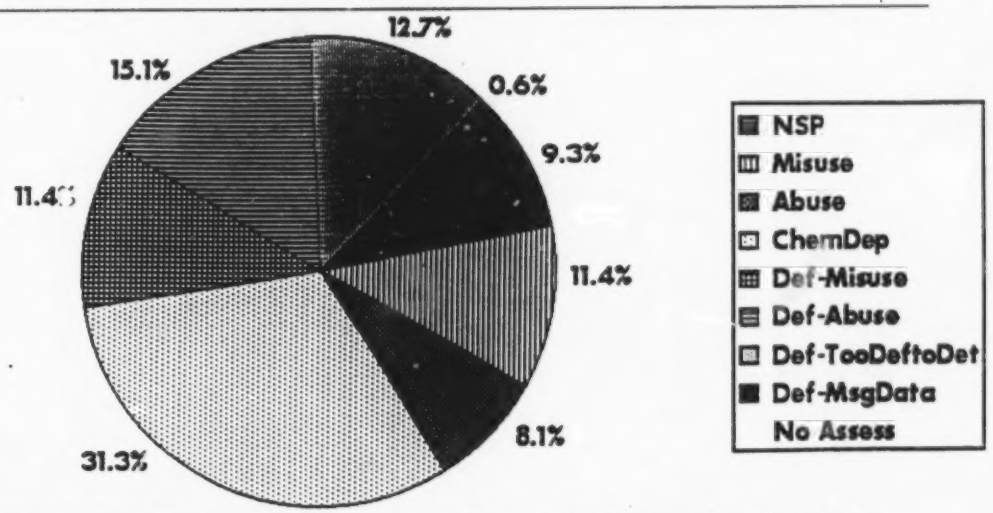
GENDER AND GRADE LEVELS

There were 172 female students and 150 male students. 42.1 percent of the students were in 12th grade, 28.6 percent in 11th grade, 18.8 percent in 10th grade, and 9.8 percent in 9th grade.

DIAGNOSTIC EVALUATIONS

Diagnostic evaluations were provided to all students attending Continuation High School. The results of these evaluations are provided in Table 7.

TABLE 7: DIAGNOSTIC EVALUATIONS FOR CONTINUATION HIGH SCHOOL



No Significant Problem: A diagnostic evaluation where there are no signs and symptoms of alcohol or other drug use. Experimentation with alcohol and other drugs may be a part of this category.

Misuse: A diagnostic evaluation where intoxication and impairment occurs because of the use of alcohol or other drugs.

Abuse: A diagnostic evaluation where use of alcohol and other drugs may be continuous, episodic/binges, or disease in remission.

Chemical Dependency: A diagnostic evaluation where dependency on alcohol or other drugs is continuous, episodic/binges, or disease in remission.

Defensive: A diagnostic evaluation where defenses do not allow a diagnosis. Defensiveness may indicate misuse, abuse, too defensive to determine, chemical dependency, or other issues which place the student at risk. An extended evaluation period is used to monitor individuals with this diagnosis.

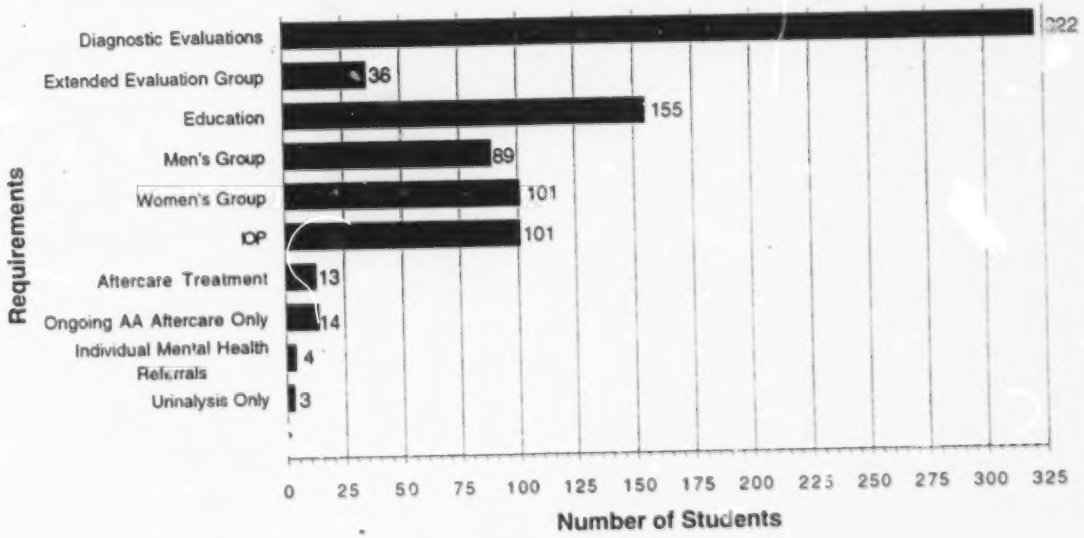
REQUIRED SERVICES

Table 8 provides information on the continuum of required services according to Washington Administrative Code (WAC) 275-19-660. This WAC requires that intensive outpatient programs provide the following services: (1) assessment of needs regarding drug-related problems, (2) education regarding drugs and drug addiction, (3) group therapy sessions, (4) treatment services that include individual counseling to determine goals, interventions, time frames, and measurement devices, and (5) a structured aftercare program (Intensive Outpatient Facilities--Required Services, 1990).

15 students entered residential (inpatient) treatment programs.

The agency service components in Table 8 are a part of or related to intensive outpatient programs for individuals with drug-related problems.

TABLE 8: CONTINUUM OF REQUIRED SERVICES TO WAC 275-19-660 AGENCY SERVICE COMPONENTS



GENDER AND DIAGNOSIS

Table 9 describes the diagnoses for 172 female students at Continuation High School. Slightly more than 25 percent of these students were diagnosed as chemically dependent, and slightly less than 20 percent were diagnosed as defensive-unable to determine.

TABLE 9: DIAGNOSES FOR FEMALES

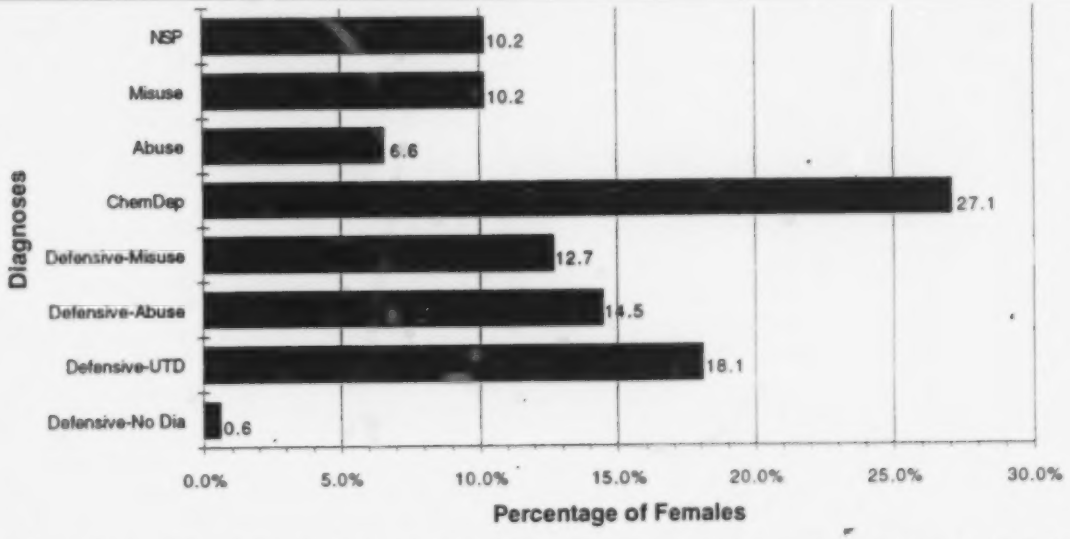
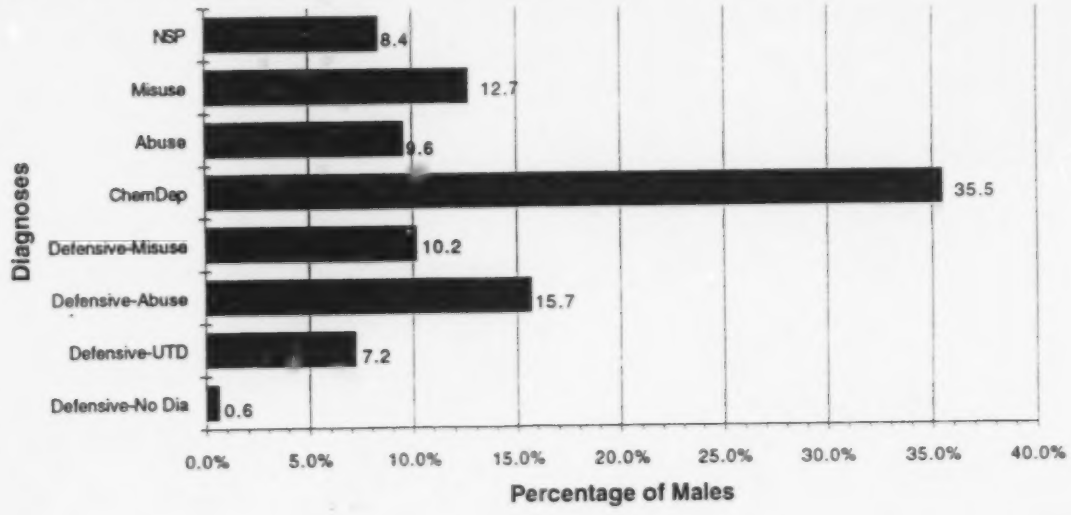


Table 10 provides information on the 150 male students at Continuation High School. About 35 percent of these students were diagnosed as chemically dependent, with about 15 percent diagnosed as defensive-abuse.

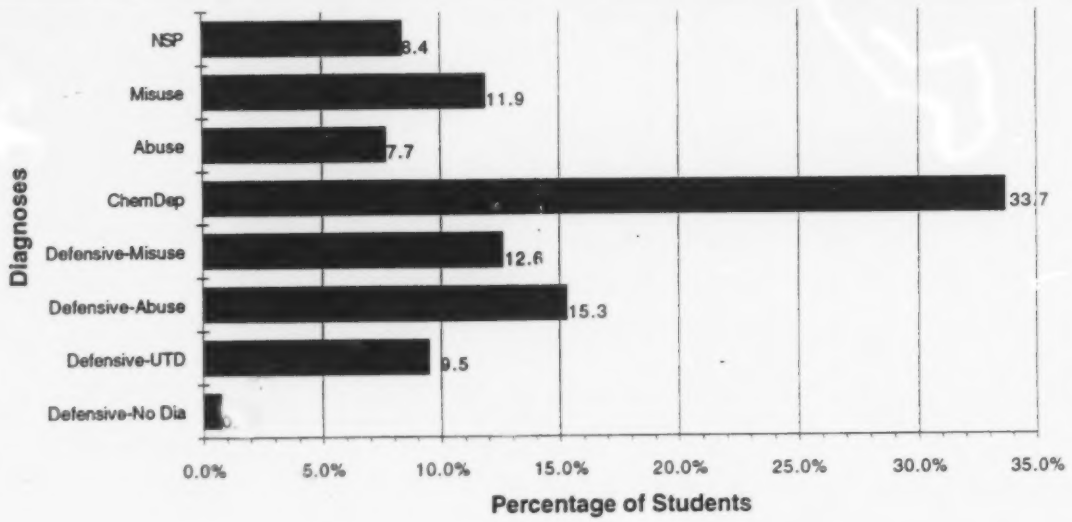
TABLE 10: DIAGNOSES FOR MALES



ETHNICITY AND DIAGNOSIS

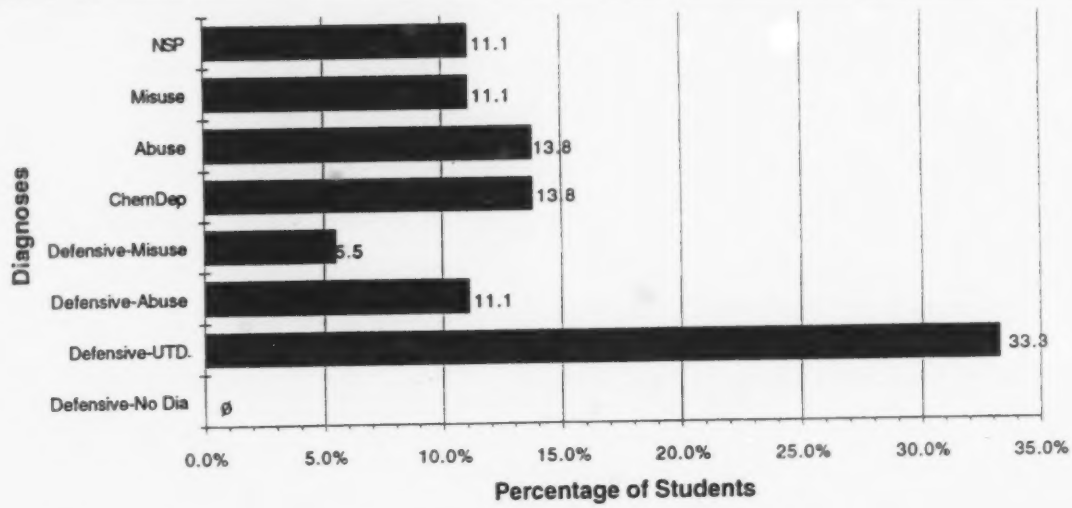
The diagnoses for the 261 European American students attending Continuation High School are provided in Table 11. About 33 percent of these students were diagnosed as chemically dependent.

TABLE 11: DIAGNOSES FOR EUROPEAN AMERICAN STUDENTS



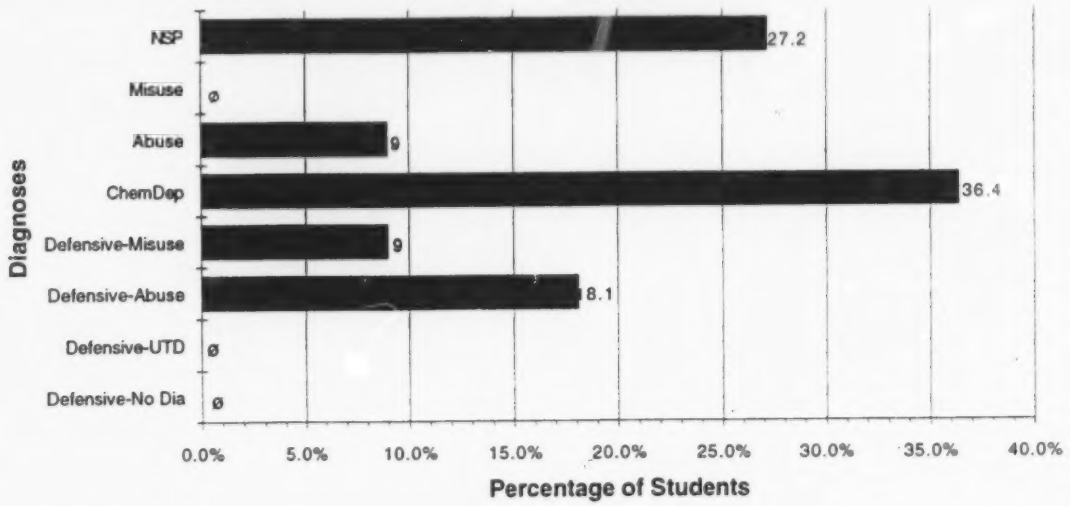
About 33 percent of the 36 African American students at Continuation High School were diagnosed as defensive-unable to determine, as compared to about 10 percent for European American students. About 14 percent of African American students were diagnosed as chemically dependent.

TABLE 12: DIAGNOSES FOR AFRICAN AMERICAN STUDENTS



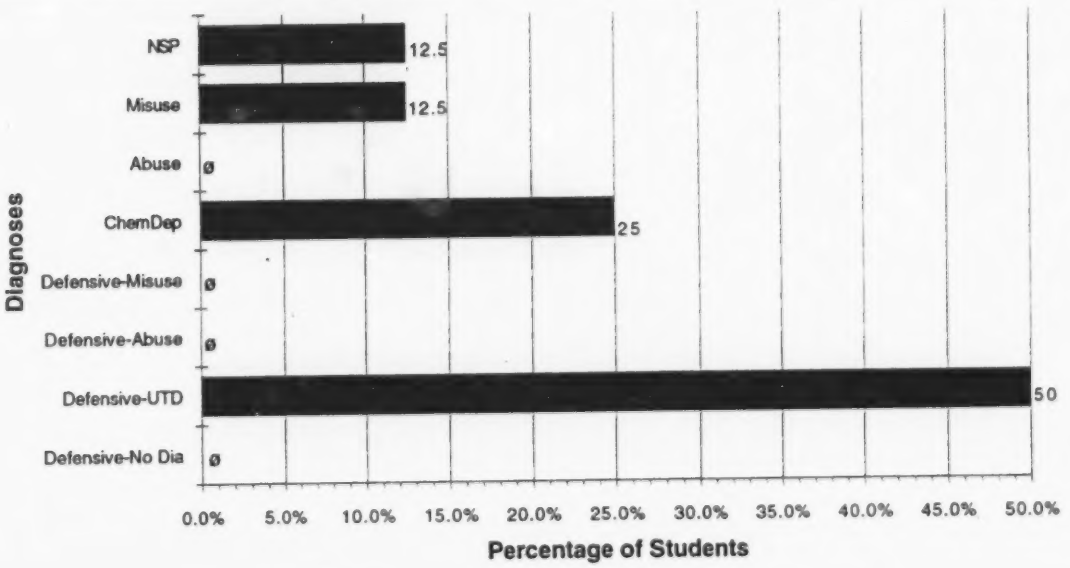
There were 11 Asian American students at Continuation High School. Roughly 36 percent of these students were diagnosed as chemically dependent, and about 27 percent diagnosed as having no significant substance use problem.

TABLE 13: DIAGNOSES FOR ASIAN AMERICAN STUDENTS



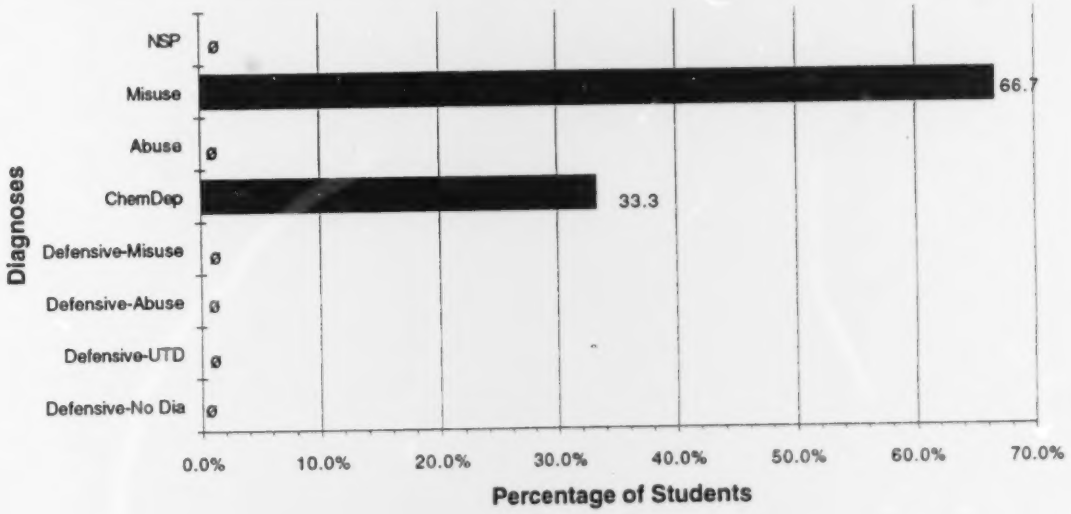
While there were only eight Hispanic/Latino students at Continuation High School, 50 percent of these students were diagnosed as defensive-unable to determine, and 25 percent diagnosed as chemically dependent.

TABLE 14: DIAGNOSES FOR HISPANIC/LATINO STUDENTS



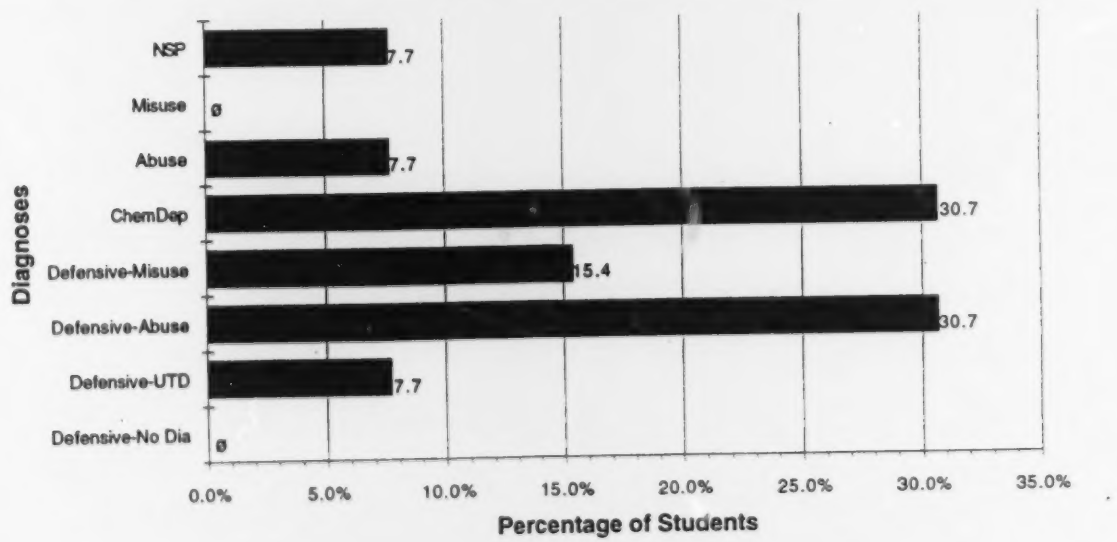
The data for the three Native American students at Continuation High School indicate that two students were diagnosed as misusers, and one student was diagnosed as chemically dependent.

TABLE 15: DIAGNOSES FOR NATIVE AMERICAN STUDENTS



The data for the 13 students classified as Other/Mixed race students at Continuation High School indicate about 30 percent diagnosed as chemically dependent and about 30 percent diagnosed as defensive-abuse.

TABLE 16: DIAGNOSES FOR STUDENTS OF OTHER ETHNICITIES

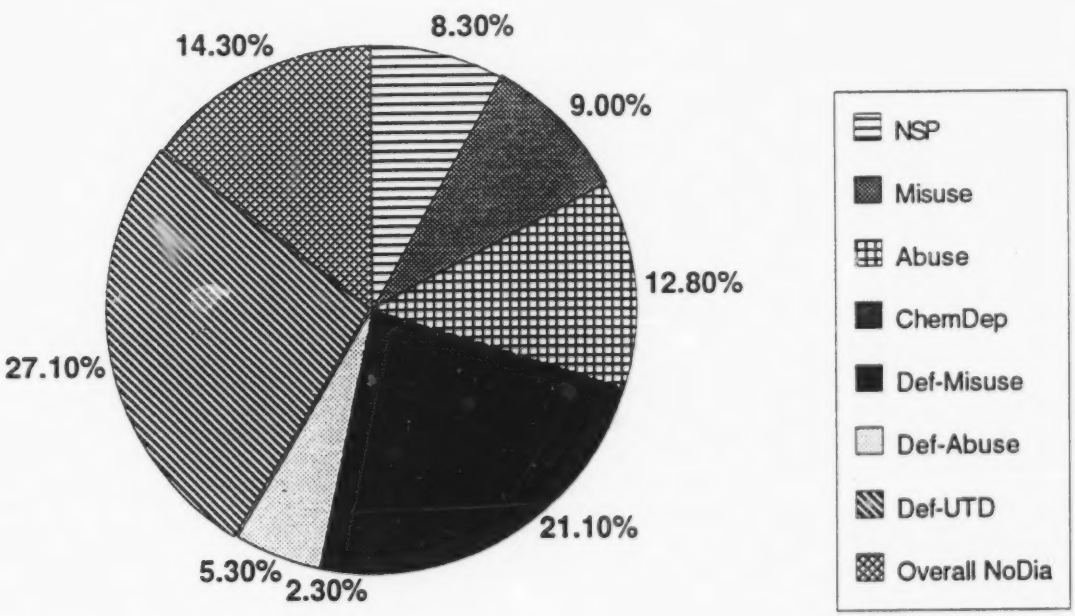


CONTRACT-BASED EDUCATION HIGH SCHOOL

133 students at Contract-Based Education High School received diagnostic evaluations. These students ranged in age from 14 to 21 years. The majority of these students were in 12th grade, and the population was roughly divided between males and females. About 5 percent of these students indicated that they had children of their own. No data was provided on ethnicity.

The results of the diagnostic evaluations are provided in Table 17, and indicate that 21 percent of these students were diagnosed as chemically dependent.

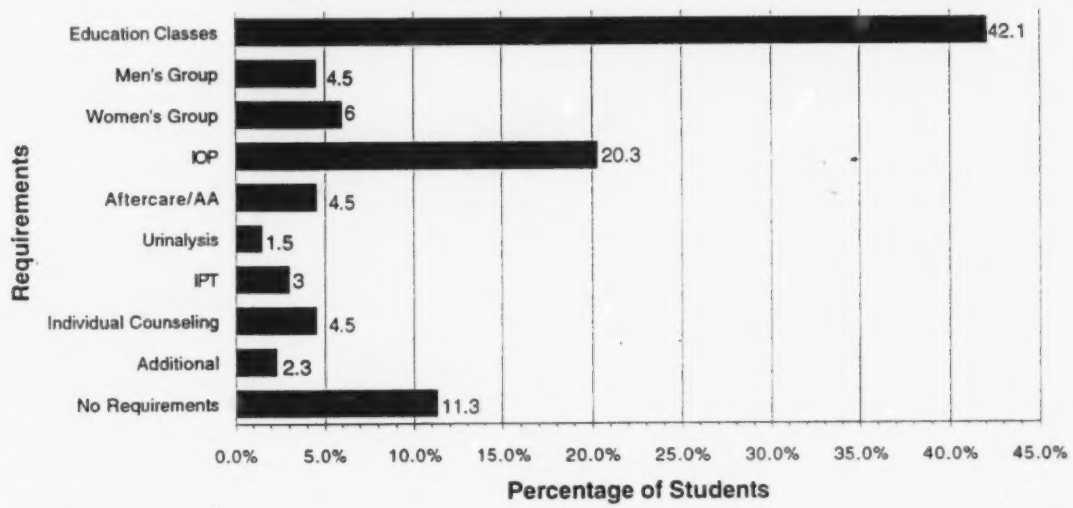
TABLE 17: DIAGNOSTIC EVALUATIONS



REQUIRED SERVICES

Table 18 provides information on referrals for required services according to WAC 275-19-660. 42.1 percent were required to attend substance abuse education classes and 20.3 percent were required to participate in the intensive outpatient program (IOP) that includes individual counseling, group therapy, and AA/support meetings. The IOP may also include urinalysis and family sessions.

TABLE 18: CONTINUUM OF REQUIRED SERVICES (WAC 275-19-660)



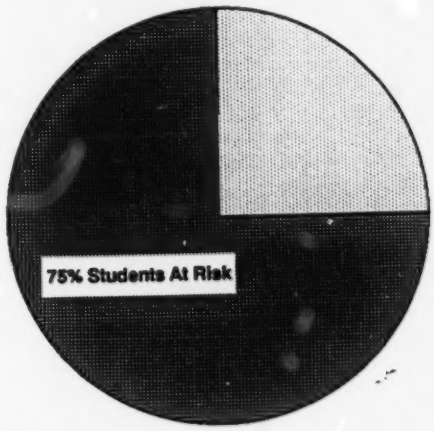
10-MINUTE WONDER CLASSROOM SCREENING

The 10-Minute Wonder Classroom Screening Checklist (C-STARS) is designed for teachers and administrators to provide a quick in-class summary of factors of concern about students' school performance.

The checklist is a single-point screening measure, not a long-range diagnostic tool. The information is used only as a guideline for further discussion and evaluation, and is also useful as a tracking and monitoring database. The criteria include a number of risk factors.

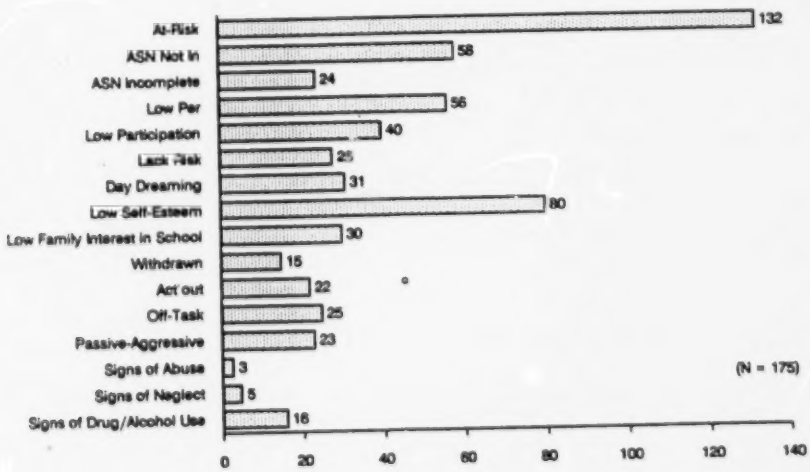
The following tables provide information on results of the 10-Minute Wonder at Continuation/CBE High School.

TABLE 19: 10-MINUTE WONDER AT-RISK SCREENING PROJECT FOR CONTINUATION HIGH SCHOOL, NOVEMBER 1991



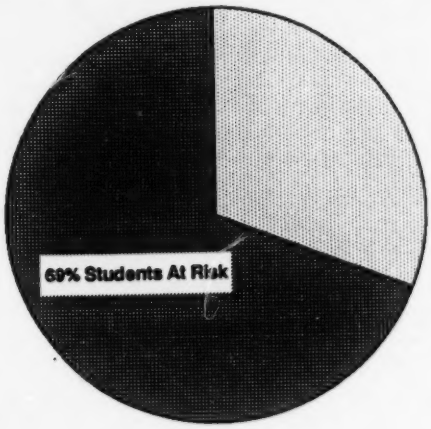
Total Students Screened: 175
Total Students At Risk: 132
Percent of Students At Risk: 75%

TABLE 20: 10-MINUTE WONDER COMBINED AT-RISK SCREENING RESULTS FOR CONTINUATION HIGH SCHOOL, NOVEMBER 1991



(ASN = Assignments Not Turned In/Incomplete)

TABLE 21: 10-MINUTE WONDER AT-RISK SCREENING PROJECT FOR CONTINUATION HIGH SCHOOL, JANUARY 1992



Total Students Screened: 169
Total Students At Risk: 117
Percent of Students At Risk: 69%

TABLE 22: 10-MINUTE WONDER COMBINED SCREENING RESULTS FOR CONTINUATION HIGH SCHOOL, JANUARY 1992

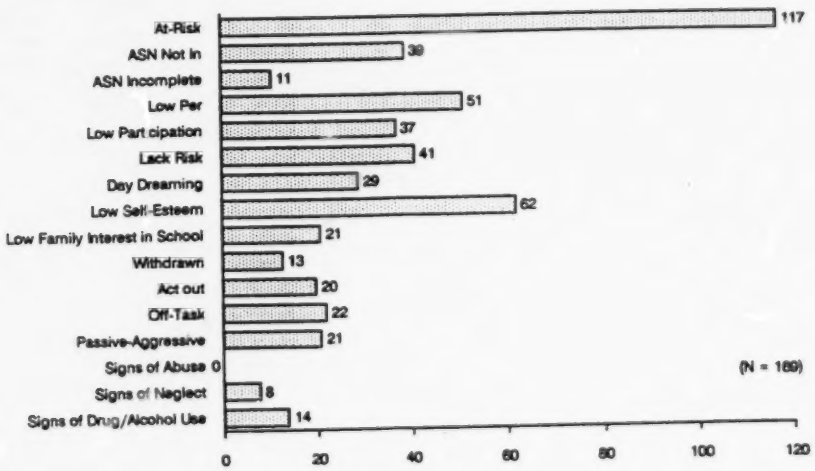
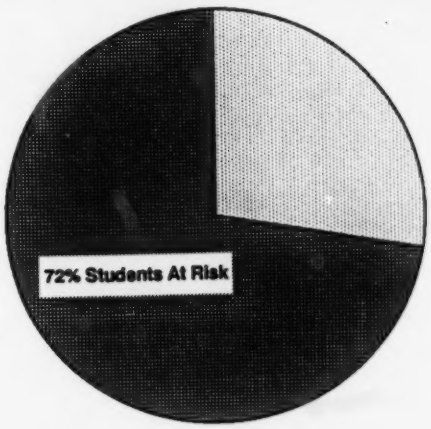


TABLE 23: 10-MINUTE WONDER AT-RISK SCREENING PROJECT FOR CONTRACT-BASED EDUCATION HIGH SCHOOL, NOVEMBER 1991



Total Students Screened: 53
Total Students At Risk: 38
Percent of Students At Risk: 72%

TABLE 24: 10-MINUTE WONDER COMBINED AT-RISK SCREENING RESULTS FOR CONTRACT-BASED EDUCATION HIGH SCHOOL, NOVEMBER 1991

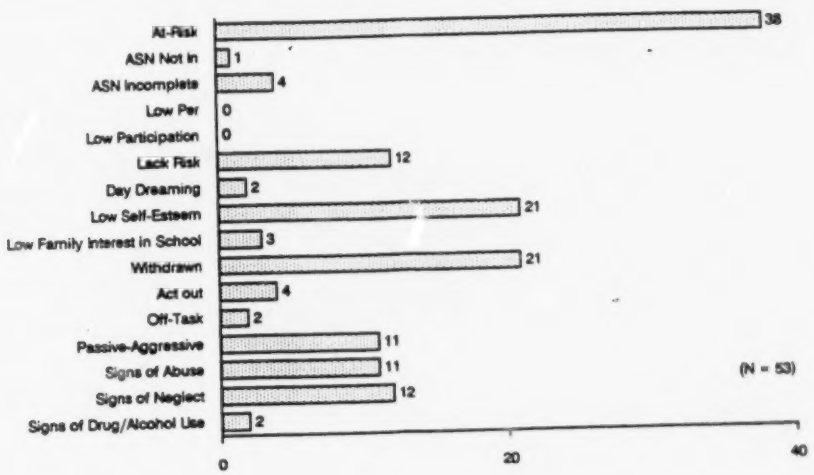
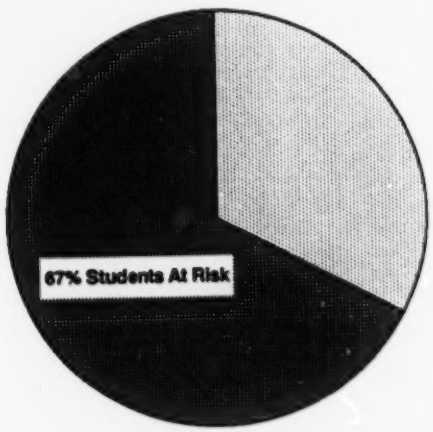
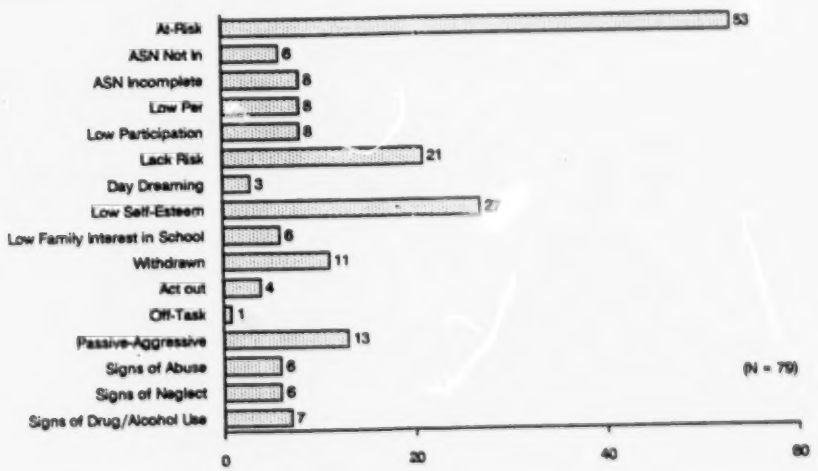


TABLE 25: 10-MINUTE WONDER AT-RISK SCREENING PROJECT FOR CONTRACT-BASED EDUCATION HIGH SCHOOL, JANUARY 1992



Total Students Screened: 79
Total Students At Risk: 53
Percent of Students At Risk: 67%

TABLE 26: 10-MINUTE WONDER COMBINED AT-RISK SCREENING RESULTS FOR CONTRACT-BASED EDUCATION HIGH SCHOOL, JANUARY 1992



STRESS RESPONSE SCALE

The Stress Response Scale (Chandler, 1986) was developed for use as a measure of emotional state and to provide data helpful in screening and diagnosis of emotional adjustment problems. The scale was not designed for problems that are primarily the result of psychoneurological learning differences, mental retardation, or severe emotional disturbance.

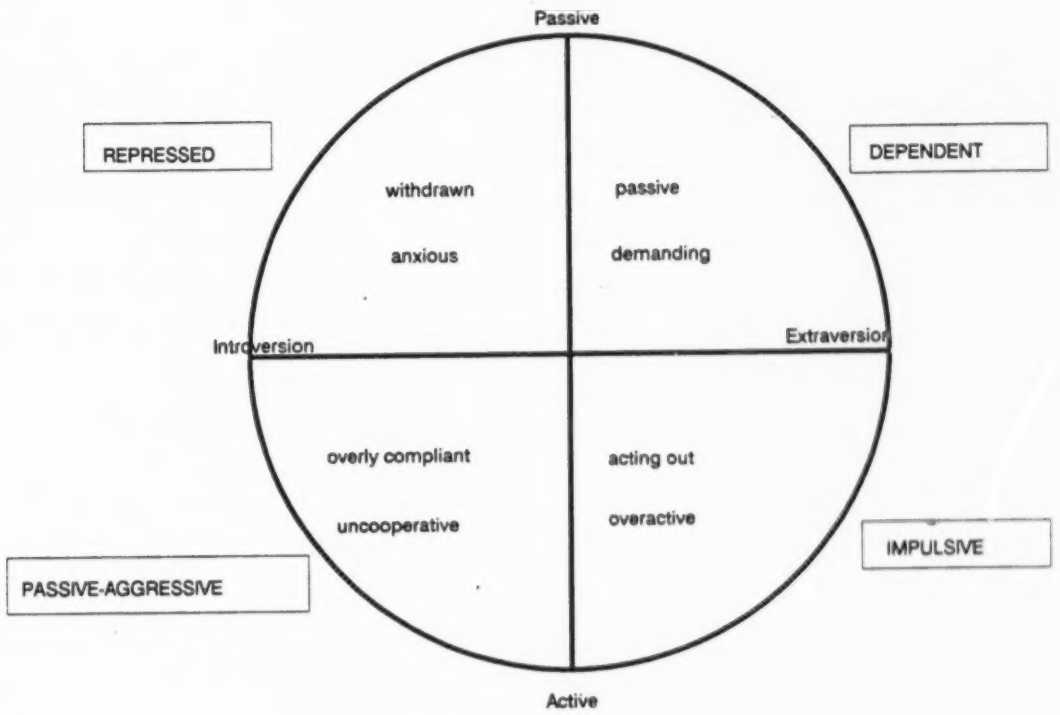
The current edition of the scale has 40 descriptors assigned to item positions so that they can be rated on a six-point scale (0 = never, to 5 = always). Items are worded so that they can be rated by parents, teachers, or the person making the referral.

The Stress Response Scale was designed based on the assumption that passive-aggressiveness, overactiveness, acting out, dependency, and repression may be viewed as behavioral responses to specific stress factors. A general model of personality functioning may be used to describe the possible responses to stress. This stress response model describes the student's interaction with the environment along two widely used dimensions of personality: passive and active (Chandler, 1986).

FIGURE 3: TWO DIMENSIONS OF PERSONALITY

The model indicates how someone might react in responding to stress on a continuum with extreme behavior at either end. The model predicts four patterns of behavior, one for each quadrant. These have been labeled as indicated in Figure 4 (Chandler, 1986).

FIGURE 4: FOUR COMMON RESPONSE PATTERNS TO STRESS



Thus, a student's emotional adjustment problem may be viewed as maladaptive responses to stress, and extreme behaviors may interfere with performing at optimum levels of ability at school, at home, and in other social situations.

Chandler (1986) writes that "preliminary clinical experience suggests that profile scores that exceed 60 may have diagnostic significance" (page 10).

ADMINISTRATION OF THE STRESS RESPONSE SCALE

Students attending Continuation and Contract-Based High Schools were administered the Stress Response Scale by school staff on November 27, 1991 (pre-test) and on January 23, 1992 (post-test), as a measure of emotional status. The following section describes the results.

TABLE 27: NUMBER OF STUDENTS WHO TOOK THE STRESS RESPONSE SCALE AT CONTINUATION AND CBE HIGH SCHOOLS

	Continuation High School	Contract-Based Education High School
Pre-test (Autumn)	235	102
Post-test (Winter)	180	79
Both pre- and post-test	123	52

Findings

The findings for Continuation High School students who took both the pre-test and the post-test of the Stress Response Scale are presented by gender in the following summaries.

59 males had valid pre-test/post-test Stress Response Scales. Of these, 13 students had profile scores that exceeded 60.

TABLE 28: STRESS RESPONSE SCALE SCORES FOR MALES

CASE NO.	PRE-TEST	POST-TEST
01	O	T < 60
02	PA, O, D	T < 60
03	AO, O	O
04	AO, PA, O, D	AO, PA
05	PA	PA
06	AO, O	AO, PA
07	AO, PA, R	AO, R
08	PA, R	PA, R
09	T < 60	AO, O
10	T < 60	PA
11	T < 60	D
12	D	D
13	O	T < 60
14	T < 60	O
15	AO	AO
16	O	T < 60
17	R	R
18	PA	PA

(AO = Acting Out; PA = Passive-Aggressive; O = Overactive;
D = Dependent; R = Repressed; T < 60 = T-score less than 60)

Based on these findings, seven young men showed improvement, six had no change, and four students indicated a worse emotional state.

The researchers did not have baseline data from the students' previous schools. However, it is reasonable to hypothesize that students entering the alternative school had a deteriorating level of functioning within their environment. For 13 students (72%), this deterioration is indicated as stopped or reversed. For 4 students, the projected deterioration continued.

47 females had valid pre-test and post-test scores on the Stress Response Scale. Of these, 19 had significant profile scores.

TABLE 29: STRESS RESPONSE SCALE SCORES FOR FEMALES

CASE NO.	PRE-TEST	POST-TEST
01	R, D	T < 60
02	D	D
03	T < 60	D
04	T < 60	D
05	D	D
06	T < 60	AO, R
07	T < 60	D
08	T < 60	R
09	T < 60	D
10	T < 60	PA, R
11	O	T < 60
12	PA, R, D	T < 60
13	O	AO, O
14	D	T < 60
15	PA	T < 60
16	T < 60	AO, R
17	R	T < 60
18	R	PA
19	AO, O	AO, O, R

(AO = Acting Out; PA = Passive-Aggressive; O = Overactive;
D = Dependent; R = Repressed; T < 60 = T-score less than 60)

Based on these findings, six young women showed improvement, two had no change, and post-test scores for ten students indicated a worse emotional state.

The researchers did not have baseline data from the students' previous schools. However, it is reasonable to hypothesize that students entering the alternative school had a deteriorating level of functioning within their environment. For 8 students (42%), this deterioration is indicated as stopped or reversed. For 11 students (52%), the projected deterioration appears to have continued.

It has been hypothesized that the process of socialization increases tendencies to dependence in young women, which might explain the number of post-test scores indicating high levels of dependence.

Discussion

The findings of this study indicate high rates of alcohol and other drug use among adolescents in alternative education programs. Only 9.3 percent of students at Continuation High School and 8.3 percent of students at Contract-Based Education High School were diagnosed with no significant problem. Further research is recommended with these populations to determine the key variables associated with drug-free lifestyles.

54.5 percent of students at Continuation High School were diagnosed as substance abusing or chemically dependent, and 38.3 percent of students at Contract-Based Education High School were diagnosed as substance abusing or chemical dependent. Further research is recommended with these populations to determine the key variables associated with substance abuse and chemical dependency, and the effectiveness of the program tracks, including referrals to residential treatment programs.

The diagnosed rates of substance abuse and chemical dependency have declined from 83 percent during the pilot year (1989-1990) to the current project year rate of 54.5 percent (1991-1992) for Continuation High School students.

However, the rate of defensiveness in the pilot year was 15 percent while the current project year defensiveness rate increased to 39 percent for students at Continuation High School. The following conclusions are based on the chemical dependency literature on problem denial (Kinney and Leaton, 1991; Johnson, 1980; Anderson, 1988).

A. With the implementation of mandatory diagnostic assessments for alcohol and other drug use, a substantial number of chemically-impaired adolescents choose not to enter the enrollment process.

B. The level of substance abuse problem denial has become more ingrained and sophisticated within the adolescent population.

It is also noted that 47 percent of African American students were diagnosed as defensive, as compared to 35 percent for European American students. Further research is recommended with the African American population and other ethnic groups to determine the significant factors related to a higher level of defensiveness for African American students in the 1991-1992 program year.

Recommendations

The recommendations of this study will be effective with adolescents only to the extent to which the interventions are tailored to the social, cultural, and gender identity of the individual adolescent/family. Specific interventions that address cultural factors and the most appropriate programming are needed. The following recommendations are based on the available information:

1. Develop more treatment tracks for substance abusers and defensive students.

2. Develop additional methods to address student and family denial.

3. Increase school staff sensitivity to multicultural factors influencing attitudes, and the cultural empathy needs of African American students in the assessment process.

4. Assess diagnostic evaluations and the effectiveness of program tracks for ethnic populations.

5. Evaluate and track referrals to inpatient residential facilities to determine effectiveness of treatment.

6. Assess the effectiveness of program tracks for students by conducting a multiple baseline follow-up study of students referred to program tracks in 1991-92 and continuing in school.

7. Examine drinking/drug patterns, levels of impairment, and duration of use for students.

8. Review attendance of students in classes and school activities.

9. Review and assess credits earned, school behaviors, and program tracks.

10. Prioritize and study the emotional needs of adolescent women entering the alternative school environment.

Program Restructuring for 1992-93 School Year

The student assistance program was restructured as the evaluation results became available. This research and review process led to the following changes relating to the recommendations in the previous section.

1. A greater diversity of groups was designed to meet a wider range of problems associated with substance abuse. A specific ongoing evaluation group process was designed for students who exhibited symptoms of defensiveness in the initial assessment.

2. Studies by the Washington State Department of Social and Health Services indicate that adolescents and families focus a major portion of their problem denial on the assessment-referral process. The system was restructured so that the assessment-referral agency operated independently of case management and treatment. Though this reduced treatment resources, it was determined that family conflict over the mandatory assessment process would need to be overcome before using the assessment agency as a treatment resource.

   The Project Director was also requested to prepare an Information Paper on the alternative school program. This would serve as a working paper to prepare a pre-enrollment information brochure for future students of Continuation High and Contract-Based Education. The Information Paper is included in Appendix D.

3. An African American assessment counselor was hired to provide evaluations, particularly for families from communities of color. In addition, Olympic Counseling retained bilingual and/or bicultural counselors from the following communities: Hispanic/Latino, Asian/Pacific Islander, and Native American. These staff are available to the program on an on-call basis.

4. The student assistance team will study and make program recommendations to positively impact the emotional health of young women enrolled at Continuation and Contract-Based Education High School.

Ongoing Program Evaluation

Note: Students diagnosed as substance abusers and/or chemically dependent, and who have completed treatment requirements or who are in aftercare are regularly required to complete brief evaluations to determine drug use. The evaluation includes a questionnaire on drug use, a social intake form, and a psychological screening inventory. In addition, ongoing urinalysis is required.

The follow-up study will utilize these brief evaluations and other data on students returning to Continuation/CBE High School to determine the impact of the student assistance program/case management program on reducing alcohol and other drug use. The following adjustments have been made to the ongoing program evaluation design:

1. Cultural competency will be evaluated during the 1992-93 school year.

2. Residential treatment will be compared with intensive outpatient treatment during the 1992-93 school year.

3. The baseline studies on 1991-92 students will continue during 1992-93.

4. Studies on recommendations 4-6 will include substance use variables and trends.

5. Studies on recommendations 4-6 will include school bonding variables and trends.

6. Studies on recommendations 4-6 will include academic success variables and trends.

Glossary

Abuse: A diagnostic evaluation finding that use of alcohol and other drugs may be continuous, episodic/binges, or disease in remission.

Acting Out: Students characterized as acting out by the Stress Response Scale may have problems with appropriate control characterized by some of the following behaviors/factors: demanding, defiant, uncaring about school, impulsive, willful, detached, unable to take criticism, uncooperative, stubborn.

Chemical Dependency: A diagnostic evaluation finding that dependency on alcohol or other drugs is continuous, episodic/binges, or disease in remission.

Dependent: Students characterized as dependent by the Stress Response Scale may exhibit some of the following behaviors/factors: placing fate in the hands of others, especially adults; lacking self confidence, lacking independence, unable to take criticism, seemingly unable to take effective action.

Diagnostic Evaluation or Assessment: The chemical dependency counselor's face-to-face diagnosis of the client's involvement with alcohol and other drugs, including the type of substance used, the degree of progression of the disease, and the signs and symptoms which substantiate the diagnosis.

Intensive Outpatient Required Services: Assessment of each client's needs regarding alcohol or other drug related problems; a program that delivers at least 72 hours of treatment services within 12 weeks that includes individual counseling, alcohol and other drug education classes, group sessions, and a structured aftercare (follow-up services after completion of the intensive outpatient program) program. Urinalysis, random sampling of urine, and other tests for the use of alcohol or other drugs may be included as a part of an intensive outpatient program.

Misuse: A diagnostic evaluation finding that intoxication and impairment occurs because of the use of alcohol or other drugs.

No Significant Problem: A diagnostic evaluation which concludes that are no signs and symptoms of alcohol or other drug use. Experimentation with alcohol and other drugs may be a part of this category.

Overacting: Students characterized as overacting by the Stress Response Scale may have problems with appropriate control characterized by some of the following behaviors/factors: easily excited, playful, talkative, headstrong, unafraid of new situations, not withdrawn.

Passive-Aggressive: Students characterized as passive-aggressive by the Stress Response Scale may exhibit some of the following behaviors/factors: underachiever, daydreams, procrastinates, poor attitude toward school, declining school grades, lacking self confidence, detached, out of touch, lacking independence, uncooperative, stubborn.

Repressed: Students characterized as repressed by the Stress Response Scale may exhibit some of the following behaviors/factors: sensitive, easily hurt, lacking self confidence, nervous, easily upset, afraid of new situations, worried.

Too Defensive to Determine: A diagnostic evaluation where defenses do not allow a diagnosis. Defensiveness may indicate misuse, abuse, chemical dependency, or other issues which place the student at risk. An extended evaluation period is used to monitor individuals with this diagnosis.

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Appendix A: Student Assistance Programs

Student assistance programs are designed to reduce adolescent substance abuse. Modeled after workplace employee assistance programs, student assistance programs are designed to identify, assess, refer, and manage cases of students at risk of substance abuse. Adoption of the student assistance program model is on the rise in response to the increasing need to assist substance-abusing adolescents with resources from school and community partnerships.

The typical student assistance program has a team which includes a substance abuse specialist and representatives from the school's key programs. The student assistance program typically has a structure and process to identify students who are substance abusers and link them with school and community resources that provide prevention, intervention, treatment, and aftercare counseling.

In a random sample of 74 students selected from a population of 454 referred to student assistance programs in Pierce County between September 1, 1987 and November 30, 1987, 82% of the students were found to have improvements in their behaviors six months after receiving student assistance services (Moore and Forster, in press).

Funding for student assistance programs has expanded in Washington State during the past several years; the State Legislature has allocated funds to enhance and expand over 60 student assistance programs with the hiring of substance abuse intervention specialists to provide assessment, referral, and case management services. Interprofessional case management services are described in a training manual designed to assist school personnel involved in student assistance programs (Smith & Stowitschek, 1989).

Appendix B: Federal Way School District Policy on Drug, Alcohol and Mind-Altering Substances

Drug, Alcohol, and Mind-Altering Substances **P5131.2**

1.0 It is the policy of the Board of Education of the Federal Way School District to recognize alcohol and other drug use/abuse as a societal problem and that substance abuse and drug dependency is a disease process that may be successfully treated. The District supports abstinence from drugs, alcohol and mind-altering substances for all children and adolescents in order that their development can reach full intellectual, emotional, social, and physical potential.

2.0 The District is committed to a comprehensive home-school-community partnership which includes as essential components: education, prevention, intervention, community treatment referral, aftercare, and corrective actions. The District will continuously develop and maintain K-12 programs in age appropriate prevention, intervention, and school re-entry support. Professional treatment and aftercare, when needed, will remain the financial responsibility of the student and parent or guardian. The District is committed to cooperation during treatment and aftercare.

3.0 Any student who (a) illegally uses, possesses, sells, or is under the influence of drugs, that which purports to be drugs or alcohol, alcohol, or mind altering substances; (b) uses, possesses, sells or is under the influence of medication which is not physician prescribed and parent approved (written permission); or (c) illegally uses, possesses, sells, or gives to another, drug paraphernalia on or adjacent to school property, or at a school sponsored activity or event, will be disciplined. Such discipline will include participation in student assistance program activities, referral to a law enforcement agency, and/or suspension or expulsion from school. Non-students who violate this policy shall be removed or detained and/or reported to proper legal authorities. Discipline will be progressive in nature with consequences varying according to the severity and number of offenses. Consequences for offenses will be divided into two groups, elementary and secondary. The consequences for offenses will be progressive in nature and will be cumulative over the: 1) elementary school years, and 2) secondary school years.

4.0 Substance abuse assessment programs will be a condition of enrollment at the Federal Way School District Alternative Education Schools. If substance use related health care is needed by a student, the student will undergo District approved referral and therapy.

Legal References: RCW 28A.58.101 and 1011
RCW 66.44.100, 150, 160, 170, 270, 370
RCW 69.50.101 through 607
RCW 69.52.010 through 901

Adopted: 4/20/70
Amended: 6/24/91 P5131.2

FEDERAL WAY SCHOOL DISTRICT #210

Appendix C: Case Management Contract

I have met with my case manager and understand that I need to be enrolled in any treatment recommendations that I may have **before** I can register for academic classes at CBE or Continuation High School.

_____ _____
Student Signature Date

_____ _____
Case Manager Signature Date

_____ _____
Parent Signature Date

TREATMENT RECOMMENDATIONS

____ DRUG AND ALCOHOL EDUCATION

____ DEFENSIVE GROUP

____ MEN'S GROUP

____ WOMEN'S GROUP

____ INTERMEDIATE GROUP

____ INTENSIVE OUT-PATIENT TREATMENT

____ INTENSIVE IN-PATIENT TREATMENT

____ 12 STEP MEETINGS

____ URINALYSIS

____ AFTERCARE

____ ANGER MANAGEMENT

____ SELF ESTEEM GROUP

____ FAMILY COUNSELING

____ OTHER:_____

Appendix D: Alternative School Student Assistance Program Information Paper

"Student Assistance Programs are school-initiated assessment, community referral, and support systems for students who are at-risk of, or involved with, substance abuse." (Svendsen & Griffin, 1986; Anderson, 1986)

Prepared by: David D. Moore, Ph.D., CCDCIII
Prepared for: Richard Harris, Ph.D.,
at the request of Federal Way School District Board of Directors

I. Overview: How Can We Objectively Evaluate Student Assistance Programs?

This information paper uses three sources of objective evaluation and research as a foundation for answering questions about Alternative School Student Assistance Programs. These sources are: a) state licensure guidelines; b) United States Department of Education program evaluation; and c) Department of Social and Health Services (DSHS) adolescent research.

Under the Federal Drug-Free Schools and Communities Act of 1986, an extensive array of professional experts has been assembled by the United States Department of Education to evaluate specific Student Assistance Programs through: a) national citations and awards for excellence, and b) the competitive allocation of grant funds to school districts who have model programs that can be evaluated and shared nationwide.

When national citations and awards are given, the entire district-wide program is studied, though one model school receives the distinction. In the Puget Sound area, the following programs have received national recognition:

- Franklin Pierce School District/Gates Alternative High School--1988
- Peninsula School District/Gig Harbor High School--1989
- Chief Leschi School District--1990
- Federal Way School District/Illahee Junior High School--1991

The following Student Assistance Programs were awarded federal grants to serve as evaluated national models:

- Federal Way School District/Continuation High School; 1991-1993 (approximately $200,000.00).
- Consortium of Federal Way School District, Tacoma School District, Peninsula School District, and Franklin-Pierce School District; 1992-1995 (approximately $1.2 million).

In addition to these two grants, the school districts' two partner institutions (Olympic Counseling Services and the University of Washington) received a United States Department of Education grant to train school personnel in these recognized models. This training (1991-1993) will includes over 300 school districts in Washington, Oregon, Alaska, California, Idaho, Nebraska, Kansas, Michigan and Montana.

When reviewing the substance use assessment, referral, and community treatment procedures in Washington State, it is important to begin from what is required by

Washington Administrative Code (WAC) 275-19-660. Unless these guidelines are followed, the procedures are outside those licensed in the state.
Unlicensed procedures are major grounds for malpractice liability. Proceedings from WAC 275-19-660, two major adolescent evaluations of licensed services have recently been completed by the Washington State Department of Social and Health Services (DSHS) Division of Alcohol and Substance Abuse. Published in 1992, these studies are:

- Treatment Placement Decisions for Adolescent Clients of Washington State's Division of Alcohol and Substance Abuse.
- A Descriptive Study of Adolescent Clients of Washington State's Division of Alcohol and Substance Abuse.

School-based outcomes of 10 Pierce County Student Assistance Programs were published in 1989, as a study conducted by the University of Washington (Dr.Albert J. Smith) for the Office of the Superintendent of Public Instruction. This data measures nine-month follow-ups on students referred to Student Assistance Programs.

II. How are Adolescents Referred for Substance Abuse Assessment?

Overwhelmingly, adolescents do not refer themselves for substance use assessments. They are unwilling partners to the assessment process, which is not surprising given the problem denial inherent in substance abuse. Only 13% of Washington State adolescents were supportively involved in their own referral. The major adult-originated referrals of these youth were the schools (30%), followed by the juvenile justice authorities (23%), and families (20%). Since the DSHS study counted all sources supporting the referral for assessment, it is apparent that only one in five families supported the youth's referral and only one in eight of the youth themselves supported the referral. These findings are similar to the adult experience, where most referrals are initiated by legal authorities (DWI, etc.) and employee intervention programs.

Most adolescents entering the system, and their families, do not see a need for substance use assessment and/or counseling referral.

III. How are Adolescents Assessed to Determine Therapy Referral?

According to DSHS, the actual interview questions and supportive tests vary from agency to agency, but the best procedures are those that are standardized. Standardization means equality of assessment process from youth to youth and counselor to counselor. Test and questionnaires are used to make sure that the counselor covers all the important areas for each client. This includes areas mandated by WAC 275-19-660 (e.g., client's physician, past counseling history, Brief Risk Inventory for HIV/AIDS, etc.). In the DSHS state-wide study, the following factors were weighted as to their importance in substance use assessments:

Factor	Importance Level
Alcohol and Other Drug History	37%
Family History	17%
High-Risk Behavior	14%
Social Background	11%
Personal Development	3%
Medical Concerns	2%
All Others	17%

After clinical interviews, a final problem category is designated for each client: no problem, substance misuse, substance abuse, or chemical dependency. These categories have been described in the DSHS curriculum: "Alcohol and Drug Information School". The Department of Licensing has directly linked these categories to specific treatment tracks. All the recognized and evaluated school districts noted above, except for the Chief Leschi School District's culturally specific program, use the Department of Licensing standards.

There is one other initial assessment category: the client who is too defensive to evaluate in one 2-3 hour process. Until 1984, the Department of Licensing sent all adult clients through a nine-hour education and evaluation process. This was also true with all adolescents entering Student Assistance Programs. The youth went through a 20-hour education and evaluation program. The reason for extended evaluations is obvious; the persons being assessed were unwilling and often guarded (see Part II above). With the advent of better defensiveness testing, only 20-30 % of today's clients have to go through extended evaluation. An assessment of "too defensive to evaluate" leads to this extended evaluation.

Adolescents going through extended assessment receive substance use prevention education and skills/practice in self-evaluating their own risks of substance abuse. Both of these areas are strongly encouraged for substance abuse prevention (U.S. Department of Education, 1986), so there is noticeable benefit to any participating youth, regardless of their actual problem level.

IV. What Needs do Adolescents Who are Evaluated Tend to Have?

There are two types of mandatory referrals that generate entire groups of adolescents into the assessment system. The first group is made up of adolescents who violate school or community laws (juvenile justice). The second group is comprised of adolescents who are at high risk of substance abuse, particularly adolescents in alternative high schools or teenagers in group homes. There are no studies on group home youth. However, both alternative schools (see Section II, above) and juvenile justice (Brenna, 1984) have been studied. These populations have similar substance use problem levels as the state-wide DSHS substance abuse counseling system. Therefore, when reviewing the DSHS data findings in this section, it should be realized that youth enrolled in alternative schools or those who have been arrested will usually have similar problems.

There are generally adequate therapy programs available to meet these needs.

- 84% of the adolescents fall into the categories of substance abuse or chemical dependency;
- 74% of the adolescents' families have poor family functioning;
- 59% of the adolescents live with another family member who is abusing alcohol or other drugs;
- 60% have serious emotional problems;
- 69% of the females and 33% of the males had been sexually abused;
- 51% of the males and 24% of the females have been physically abused.

It can be concluded that most of these adolescents and families have both substance abuse and other individual needs. The high levels of family functioning problems and other family members' substance abuse also provide insight into why only 20 % of the families are one of the youth's referral sources. Even when the family becomes involved, they may focus off of substance abuse and into the areas of emotional problems, family communications needs, or other family issues.

The following review of assessed clients shows what percentages are recommended for which type of counseling:

Counseling Type	% of Youth	Usual Assessment Category
Inpatient Treatment	46	Chemical Dependency
Intensive Outpatient Treatment	19	Substance Abuse/Chemical Dependency
Regular Outpatient Treatment	19	Early Stage Substance Abuse
Other (Usually Education Only)	16	Substance Misuse/No Problem

The above data is a stratified random sample from across Washington State of 360 cases evaluated by a panel of 15 assessment experts.

There is a strong argument from DSHS/Division of Alcohol and Substance Abuse's study findings for assessments done within an agency of substance abuse counselors (i.e., peer review, supervision, quality assurance). This team approach yields an 87%-89% agreement among evaluators assessing the same client. Substance abuse counselors acting independently, without other substance abuse counselors reviewing their activities, are likely to agree with each other at a rate of 53%-61%. This indicates that the general state-wide school practice of hiring agencies rather than individual counselors, is supported by the field research.

Substance use assessment counselors tend to issue treatment recommendations that are significantly lower than what they believe the client really needs. Ideally, they hope the adolescent/family will become engaged with counseling and receive a longer period of therapy.

V. What Happens Between Assessments and Entering Counseling?

The major finding is that many youth and their families resist following the counseling recommendations, even though these recommendations tend to be lower that what can be seen as ideally necessary (see IV above). There are three types of resistance found in the assessment to referral process.

First, many recommendations are lowered at the time of referral. In the DSHS study of assessment recommendations, realistic referrals were made based on client need and available resources. The actual recommendations made to the adolescent/families were substantially lower:

Treatment Referral	Realistic	Actual Referral
Intensive Inpatient	46%	17%
Intensive Outpatient	19%	17%
Regular Outpatient	19%	67%

It is apparent that adolescent/family resistance is in effect even before the final recommendations are made by the evaluating counselor.

Secondly, after the final recommendations are made, 26% do not enter the recommended counseling; 21% of the 26% were evaluated as substance abusers or chemically dependent.

Finally, of those entering counseling, only 35% complete their recommended treatment plan. This is covered in the next section.

VI. Why do Adolescents Complete Treatment?

The state-wide DSHS/Division of Alcohol and Substance Abuse study of adolescents who completed treatment found only two statistically significant factors that predicted their success: the adolescents who were (a) referred by their schools; and/or (b) referred by juvenile justice authorities.

Of adolescents referred to treatment, each had what is called a primary treatment plan. These treatment plans are then followed by a period of aftercare. Completion of primary treatment was studied state-wide by DSHS/Division of Alcohol and Substance Abuse, while aftercare was not evaluated. Adolescents completed treatment at the following rates:

Therapy Type	Completion Rate
Intensive Inpatient	62%
Intensive Outpatient	14%
Regular Outpatient	32%

It would be reasonable to conclude that the adolescent/family resistance to counseling, which often leads to lowered levels of recommendations (see Part V), culminates with treatment failure. The avoidance of residential treatment can be seen as particularly disheartening, since the available aftercare research predicts that 31% of the inpatient adolescents will recover from chemical dependency; 7% of the chemically dependent youth referred into Intensive Outpatient will recover. In summary, inpatient treatment is four times as likely to succeed as outpatient treatment for adolescents diagnosed as chemically dependent.

> Note: Dr. Sandra Brown's five year research indicates that approximately 50% of adolescents completing primary treatment will subsequently succeed in recovery. Dr. Brown's study includes over 400 adolescents. The above figures of predicted success are based on 50% of the adolescents who complete inpatient (50% of 62%=31%) and intensive outpatient program (50% of 14%=7%).

VII. How Does Referral into Assessment and Counseling Affect Student's School-Related Behavior?

As documented in the state-wide adolescent studies, adolescent and family resistance significantly impacts the entire assessment system. Counselors are systematically issuing therapy recommendations which are lower than those actually deemed necessary. The outcomes in responding to this resistance, at least in recommending outpatient instead of inpatient, is lowered rates of treatment completion. Minimally, there is no documented support to the idea that "winning a family's support" by negotiating for lower therapy levels will result in better outcomes for the student.

There is documented evidence that school referral of adolescents to assessment and substance abuse counseling, regardless of family referral support, is one of two potential predictors of treatment success. The other is similar referral by juvenile justice authorities.

As schools take an active role in referral, it can be expected that their systems will also be negatively affected by adolescent/family resistance. The focus of this resistance would be expected to occur in the same manner as that experienced by state-wide agencies: protracted efforts to lower the counseling recommendations. There are three ways to engage in these efforts: 1) discredit the counselor or assessment process; 2) discredit the recommendations or counseling agency providing referral treatment; or 3) discredit the school's involvement in acting as an agent for assessment/referral.

Resistance to the assessment and referral system will impact the school personnel (Student Assistance Team) and policy-makers (Principals and Central Administrators) responsible for implementing the system. It will also impact the assessment counselors and agency. Both personnel groups will need support.

The final measures of how Student Assistance Programs benefit the individual student and school are: a) do students decrease substance use?; and b) do the problematic behaviors relating to substance use improve?. A study of Federal Way School District 8th-9th graders indicated substance use did decrease (1990), which is similar to a study of Sumner School District 7th-12th graders (1988). In addition, state-wide studies and Dr.Brown's aftercare research indicate strong rates of abstinence for chemically dependent students who complete their primary treatment programs, particularly inpatient.

In a study of school behaviors (Smith, 1986), adolescents entering Student Assistance had the following problems documented by school personnel (evidenced in the school setting):

1.	Problems with peer or family interpersonal relationships	45%
2.	Classroom behavioral (disruption) difficulties	39%
3.	Drug-alcohol rules violations at schools	34%
4.	Decline in grades	34%
5.	Pattern of truancy or tardiness	24%
6.	Concern about their own chemical use	16%
7.	Psychological impairment	15%
8.	Juvenile justice involvement	4%
9.	Decline in physical health	3%

In a follow-up random study (74 of 550) six months after referral to Student Assistance, 82% of these behaviors had improved.

It can be concluded that Student Assistance referral shows dramatic improvement in students' personal functioning in the school setting. However, initial and protracted program resistance must be addressed due to its potential to disrupt the school system.